

Issue Classification

XXXXXXXXXX
(Assistant Examiner) (Date)
[Signature] *2/28/06*
(Legal Instruments Examiner) (Date)

<input checked="" type="checkbox"/> Claims renumbered in the same order as presented by applicant										<input type="checkbox"/> CPA		<input type="checkbox"/> T.D.		<input type="checkbox"/> R.1.47		
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	30			60			90			150			180			210